

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90232 032 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

**PANAMA CITY BEACH VENTURES, INC.**

Principal Place of Business

Mailing Address

**Same as 2**

**Same as 2-A**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**4/30/91 and 10/17/96**

4. FEI Number

**59-3068105**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 **10279 Front Bch. Rd.**

26 **P.O. BOX 27**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite #3**

27

City & State

City & State

23 **Panama City Bch., FL**

28 **Forsyth, GA**

Zip Country

Zip Country

24 **32407**

25 **Bay**

29 **31029**

30 **Monroe**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Same as 81, 82, 83, 84.**  
**MAIL TO ABOVE MAIL ADDRESS,**  
**FOR SECURITY REASONS**

81 Name

**Collins, Charles E.**

82 Street Address (P.O. Box Number is Not Acceptable)

**10279 Front Beach Road**

83 Suite #3

84

**City**  
**Panama City Beach**

**FL**

85 Zip Code  
**32407**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Charles E. Collins**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/10/99**  
DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>President and Director</b> <input type="checkbox"/> DELETE
NAME	<b>Collins, Charles E.</b>
STREET ADDRESS	<b>10279 Front Beach Rd, Suite 3</b>
CITY-ST-ZIP	<b>Panama City Beach, FL 32407</b> <input type="checkbox"/> DELETE
TITLE	<b>Vice-President and Director</b> <input type="checkbox"/> DELETE
NAME	<b>Collins, E. Denise</b>
STREET ADDRESS	<b>10279 Front Beach Rd, Suite 3</b>
CITY-ST-ZIP	<b>Panama City Beach, FL 32407</b> <input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: **CHARLES E. COLLINS** **Charles E. Collins** **5/10/99** **912-990-4064**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)